

2019 Spring General Grant Application

Robert J. Kleberg, Jr. and Helen C. Kleberg Foundation

Instructions and Executive Summary

This application is for all grant requests **except** medical research related proposals. Use the '2019 Spring Medical Research Application' for all medical research studies, medical animal research studies, and medical research faculty requests.

Review the Grant Guidelines provided on our website at www.klebergfoundation.org to ensure your organization and project qualify, and for instructions on how to apply. You can review the application questions and required attachments from the link 'Print Questions' on this screen or from the Logon page. Make sure to download and use the proper budget form that applies to your request. **Applications that upload a different project budget form will not be considered.** Your application must be submitted by midnight on Sunday, March 31, 2019. Late applications cannot be accepted.

All questions and attachments with an asterisk (*) are required and must be answered and uploaded before you can submit. Questions without an asterisk are optional and should be answered if they apply. Answers are automatically saved and you do not have to complete the application in one session.

Contact Margret Bamford at margretb@alexventures.com if you have questions, or call 210-271-3691. Since I work part time, email is preferred.

Executive Summary*

Condense the content of this application into a short and **concise stand-alone summary**. This summary should mention the overall purpose and work of your organization, the key elements of the proposal, and the impact this grant request will have. This summary should tell the story of your agency and this request, and make a persuasive case for funding. A suggested format would include:

- An introductory paragraph that includes a brief history and the purpose of your organization.
- One to two paragraphs that summarize the proposed project, including who will be served and how, desired outcomes and benefits. If requesting operating support, describe the agency's core programs.

Character Limit: 2500

I. Organization Background

Organization Name*

Organization's full legal name, **as it appears on the IRS determination letter.**

Character Limit: 150

Other Name Used

If you are using a different name, list this name here.

Character Limit: 150

Organization Verification*

By clicking Yes, you confirm that both the organization and the contact information for your account are correct and up to date. Contact Margret Bamford at 210-271-3691 if changes need to be made.

Choices

Yes, the organization and contact information is correct.

Address Match*

Is the address shown on your IRS Determination Letter the same as your organization's address as listed in your profile?

Choices

Yes

No

If No, please explain why the addresses are different.

Please note that the check will be mailed to your organization address, if your request is approved.

Character Limit: 500

Organizational Structure Changes

Briefly explain any organizational structure changes, such as mergers, divestitures, name changes during the last 10 years, if any, otherwise leave this blank. This does not refer to internal restructuring of departments or programs, but only to corporate structure changes.

Character Limit: 1000

Mission*

Succinctly state your organization's overall mission.

Character Limit: 250

Year Founded*

Character Limit: 4

History*

Brief overview of the organization's history.

Character Limit: 500

Organization Programs*

Short description of your organization's purpose or programs.

Character Limit: 650

Organization Budget*

Organization's total expense budget amount approved for the current fiscal year. Enter whole number.

Character Limit: 20

Fiscal Year Beginning*

Character Limit: 10

Fiscal Year Ending*

Character Limit: 10

Full Time Staff*

Character Limit: 10

Part Time Staff*

Character Limit: 10

Regular Volunteers*

Character Limit: 10

Total Clients Served*

Provide the approximate total number of unduplicated clients **your organization** (not your project) **served last fiscal year** (count each client served only once regardless of how often that client received services during the year).

Character Limit: 10

Requested By Name*

The chief executive of your organization is required to sign the cover letter. This would be the President, CEO or Executive Director. For institutions of higher learning, the cover letter should be signed by the Provost, Chancellor or President. **Enter the name of the chief executive officer who will sign the request letter using this format: Jane Smith**

Character Limit: 150

Requested By Salutation*

i.e.: Ms., Mrs., Mr., or Dr.

Character Limit: 150

Requested By Title*

Title of the chief executive officer who will sign the request letter.

Character Limit: 150

II. Grant Request Information

Project Name*

This should be a very short, succinct and descriptive name - don't be cute, be explanatory.

Character Limit: 70

Short Description*

Short description of request. Please **complete the sentence: Funds are requested to support**

Character Limit: 90

Amount Requested*

Total amount of your request. If this is a multi-year request, provide the total amount requested for all years. Include only costs that are directly related to your project. **Do not include indirect or administrative costs, or overhead allocations.** Please note that the Foundation typically makes single-year awards and very rarely funds a project for more than 3 years. Please contact Foundation staff for guidance before submitting a request beyond three years.

Character Limit: 20

Provide the amount requested each year. Enter the number zero for the years for which you are not requesting any funding.

Year 1 Request*

Character Limit: 20

Year 2 Request*

Character Limit: 20

Year 3 Request*

Character Limit: 20

Project Cost*

Provide the **total cost** of the project (for the years of your request).

Character Limit: 20

Begin Date*

Beginning date of the grant period (when Kleberg Foundation funds will first be used for this project).

Character Limit: 10

End Date*

Ending date of the grant period (when Kleberg Foundation funds will have been spent for this project).

Character Limit: 10

Project Address*

Is the physical address where the project is being carried out the same as the organization address above?

Choices

Yes

No

If No, please provide the address where the project is being carried out.

Character Limit: 250

Request Type*

Select the category that best describes your request.

Choices

Operating or Core Program

New Program or Project

Capital - Construction of Medical Facility

Capital - Other Construction Project

Capital - Equipment Only

Capital - Renovations

South Texas*

Does your project serve communities that are South of San Antonio?

Choices

Yes

No

Geographic Area*

Describe the geographic area that will be served by your project. If your project will serve clients located in Kleberg, Nueces, Jim Wells, Brooks, or Kenedy counties, please list the number and % of clients located in each of these counties.

Character Limit: 300

Approximately what % of the population your project will serve reflects the following demographics? (Enter whole numbers, e.g., 25 for 25%. Must add up to 100)

Hispanic*

Character Limit: 3

Not Hispanic African American*

Character Limit: 3

Not Hispanic Anglo*

Character Limit: 3

Not Hispanic Other*

Character Limit: 3

Population Served*

Please check the **primary** population served by your program/project.

Choices

General Population

Families

Women only

Men only

Pre-K Children

K-12 Children

College Students

Seniors

Homeless

Animals

Special Needs Population, describe

If Special Needs Population, please describe

Character Limit: 300

Demographic Characteristics

Please describe any additional demographic characteristics of the population served by your project, as appropriate (socioeconomic status, gender, age, education, etc.).

Character Limit: 400

Focus Area*

Which of the Foundation focus areas does your application address? Check one only.

Choices

Arts and Humanities

Community or Social Services

Education (Higher Ed)

Education (K-12)
Health Services
Medical Research, Including Animal Medical Research
Wildlife, Conservation and Animal Science
None

If you checked *Medical Research*, **STOP**, you should not be using this General application form. Please use the Medical Research Application Form. If you checked *None*, **STOP**. Contact Margret Bamford at margretb@alexventures.com or call at 210-271-3691.

III. Grant Details

Narrative*

Please provide your proposal details including information on the main issues or problems this grant request addresses and details on why and how you plan to address these issues as appropriate. Please be concise. You do not need to repeat geographic or demographic information you already provided above. *(This is your opportunity to make a persuasive case for support!)*

Character Limit: 5000

Number of Clients Served by Project*

Provide the approximate total number of unduplicated clients **that will be served annually by your proposed project**. Count each client only once regardless of how often that client receives services.

Character Limit: 10

Clients Served Details

Provide details of the number of unduplicated clients served by client or service type, if applicable (e.g.: total number is 100, which consists of 35 mothers and 65 children OR total number is 100, of which 73 will participate in program1 and 27 will participate in program2).

Character Limit: 750

Volunteers

Describe how you will use volunteers with this project and how many, if applicable.

Character Limit: 500

Project Collaboration

Describe other organizations with whom you will collaborate on this project and how, if any.

Character Limit: 500

Implementation Timeline

Please describe the implementation timeline related to this request, if applicable. Include major events, activities and when they will take place (*bullet points and in chronological order*).

Character Limit: 1000

Goals*

List your goals for this project. There is no expected number of goals, list what makes sense for your project. Please number your goals and **include baseline and target numbers** for each goal, **how each goal will be measured and evaluated**, and by whom as applicable. If your request is approved, you will be asked to evaluate how well you have met each of your listed goals in the Evaluation Report at the end of each grant year.

Character Limit: 2000

Key Staff

Names and titles for key staff and their involvement in the project, as appropriate.

Character Limit: 1000

IV. Budget

Organization Current Budget Explanation

You will be asked to upload your **ORGANIZATION'S board approved revenue and expense budget** for the **current fiscal year**. Please explain any unusual items, special considerations, or categories that are not self-explanatory. Also explain why your Net Income is not zero, should that be the case.

Character Limit: 1000

Please download and complete the **project budget** file provided for this application. **DO NOT SUBMIT A DIFFERENT PROJECT BUDGET FORM as your request will not be considered if you do.**

There are four project budget files to choose from. Make sure to choose the file that applies to your request. The four files are:

1. **Capital Project Budget Form** - choose this if you are requesting support for a capital project, regardless if this is a one-year or multi-year request.
2. **Non-Capital Single-Year Project Budget Form** - choose this for all other requests that are for one year of funding.
3. **Non-Capital Multi-Year Project Budget Form** - choose this for all other requests that are for more than one year of funding.
4. *Medical Research Project Budget Form - do not use this form for this general application.*

Click **HERE** to download your Budget Form.

Complete entirely both the '**Project Budget**' and the '**Other Funders**' worksheets included in the excel project budget file.

Project Budget Explanation

Please explain any unusual items, special considerations or categories that are not self-explanatory as they relate to your **PROJECT revenue and expense budget** if any. Make sure to include both **revenue** and **expense** projections for your project in the budget file. Explain here how you will close the gap if your Net Income is not zero.

Character Limit: 2000

Project Funding

The 'Other Funders' worksheet in your project budget file asks you to list the names of other organizations you have asked for support, the amounts requested, and any commitments received. Please make sure that you have completed that worksheet. Provide additional information here if applicable.

Character Limit: 2000

Project Sustainability

Describe your plans to support and sustain this project after the end of this grant, if applicable.

Character Limit: 750

VI. Attachments

Cover Letter*

A short cover letter **signed by the chief executive** of the organization in pdf format that includes a concise description of the request and amount requested. For funding requests from *institutions of higher education*, the letter should be signed by the provost, chancellor, president or executive vp-research.

File Size Limit: 2 MB

Board List and Affiliations*

A list of your current board members and their affiliations.

File Size Limit: 2 MB

Board Approved Budget for your Organization*

Upload your organization's board approved **revenue** and **expense** budget for your **current** fiscal year.

File Size Limit: 1 MB

Project Budget and Other Funder Information*

Upload the completed **project budget** file (**revenues** and **expenses**) you downloaded in the Budget section of this application. Make sure you complete both the project budget and other funders worksheets. **DO NOT UPLOAD A DIFFERENT PROJECT BUDGET FILE.**

File Size Limit: 2 MB

Most Recent Financial Statements*

Upload a copy of your **most recent audited financial statements**. Only if audited financial statements are not available, upload a copy of your most recent Form 990. For *institutions of higher education*, financial statements are not required and only a note indicating you are an institution of higher education needs to be uploaded.

File Size Limit: 12 MB

Previous Year's Financial Statements

Upload a copy of your previous year's audited financial statements unless that information is already included in your most recent audit. Only if audited financial statements are not available, please upload a copy of your Form 990 for the previous year. For *institutions of higher education*, financial statements are not required.

File Size Limit: 12 MB

IRS Ruling*

A copy of the IRS ruling or determination letter (see grant guidelines on our website for details).

File Size Limit: 1 MB

Organizations Doing Business Under Another Name

If your organization is doing business under another name than its legal name, a pdf copy of the documentation from the applicable state/government entity, generally the secretary of state's office, recognizing the d/b/a name.

File Size Limit: 1 MB

Construction Plans

For construction projects only, you may upload a scan copy of architect renderings or schematics to show the design and scope of your project. Please scan these documents into one file to upload.

File Size Limit: 1 MB

Other Supporting Materials

You may upload one scan copy of any additional materials you think are important in explaining your request, such as request-related pictures, etc. **PLEASE DO NOT INCLUDE COPIES OF YOUR ANNUAL REPORT OR ANY MARKETING MATERIALS OR BROCHURES** as those will be disregarded.

File Size Limit: 5 MB

THANK YOU FOR YOUR TIME AND EFFORT IN COMPLETING THIS APPLICATION!

Your request will be considered at the JUNE 12 board meeting. You will receive an email no later than June 14 notifying you of the board's decision.